



AUGUST 2014



# SAN DIEGO HEALTHCARE DISASTER COUNCIL



*The citizens of San Diego count on us to be prepared in the event of a disaster. We as the San Diego Healthcare Disaster Council and support services proudly accept this challenge*

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## This Month in the Council

*Each month at the Healthcare Disaster Council, disaster preparedness professionals come together for in-depth, passionate dialogue about a range of topics. Here's a glimpse at some of the discussion in July:*

- ♦ The State is still reviewing the application materials for HPP 13. The County is working on the statement of work. The deliverables will resemble those of previous years with the addition of the Family Assistance Center Plan.

- ♦ Office of Emergency Services (OES) reported there is a new mass alert notification service called Accessible AlertSanDiego. It is offered at no cost for residents of San Diego County who are deaf, blind, and/or hard of hearing. The alerts will be offered in American Sign Language with English voice and text, and will be sent to internet and video capable devices before, during, and after a disaster or emergency. You can sign up at: [www.readysandiego.org](http://www.readysandiego.org).

## Trainings and Drills

### **Statewide Medical Health Full Scale Exercise** **Thursday, November 20, 2014**

#### **Joint EOC / WebEOC Workshops** **Agenda:**

9:00 - 10:30: SEMS/NIMS Introduction  
10:30 - 11:30: WebEOC Overview  
11:30 - 12:30: WebEOC Subject Specific  
12:30 - 1:30: Lunch (on your own)  
1:30 - 4:30: EOC Section Specific

Registration is available via email at: [WebEOC@sdcounty.ca.gov](mailto:WebEOC@sdcounty.ca.gov). Please include your contact information and specify which *dates* and which *segments* you would like to attend.

**Available Dates:**  
**September 25, 2014** (Finance Section)

**Location:**  
Emergency Operations Center (EOC)  
5580 Overland Ave. Suite 100  
San Diego, CA 92123

#### **Basic/Beginner WebEOC Classes**

Wednesday, August 27, 2014, 8:00-11:00  
Spectrum, room 178  
Monday, September 29, 2014, 1:00-4:00  
Spectrum, room 175  
To register call 1-800-82Sharp



# SAN DIEGO HEALTHCARE DISASTER COUNCIL



## This Month's Focus

### Disaster Through the Eyes of an ED Nurse

By: Kelly Yascheshyn, Clinical Lead Nurse, Sharp Memorial Hospital

My experience as an emergency department nurse has been vast. It keeps me in a perpetual state of anticipation, and a virtual “sleep with one eye open” mentality. My stomach rarely squirms and my face cannot register an expression of surprise. After years of pulling bodies from cars, sorting through large crowds of worried well, and assessing the potential for danger in questionable individuals...disaster management should seem like a natural nuance to our daily practice. But it isn't. It continues to challenge our staff that fears—will I know what to do? Will it be like the drill? What will be different from our daily operations, and why does it have to be done different at all?

The emergency room is a living expression of the community climate. It is in a constant state of capacity and overextended resources, with crises of both mind and body. Most emergency rooms are in a perpetual surge state twelve months of the year, with the most abominable numbers presenting late winter, when flu season is in swing. We count on our skills of adaptability and our commitment to the community to get us through the long hours and the burn out to follow. We hope these same skills allow us to prepare for disaster and mitigate its effect on everyone involved. When considering the context of this article however, I decided to focus my attention on four questions that may give the most insight into the mind of an ER RN.



### **What is the biggest challenge in regards to disaster vs. surge?**

In surge we maintain daily operations, warping and coiling them around the patients and their families. We are creative with space, we stretch equipment needs and we beg for staffing. In disaster, we assume an entirely foreign state of operations, and space is a state of mind. Staff may be unable to respond to work even if they try, depending on the caliber of the disaster itself. It is hard to train staff around conceptual plans, especially when most of them have a “get to the point” learning style. The idea of corralling hoards of

family (the average estimate is up to 10 visitors per victim in some events) while attempting to deliver care is also a taxing thought. No one wants to visit family with the flu.

### **What are we scared of the most?**

Every care provider is scared of the same basic things. One primary fear is equipment related. Will there be enough? Will I spend precious time chasing it everywhere? Space is also concerning. Where do I see these people when disaster protocol dictates for us to prepare for even more? Will it be like the drill? Some of the fears run deeper. Will I be safe providing care? Will I be in a protected environment? Our leaders reflect nervously on logistics. Employee parking, social services, inpatient status, OR availability, employee assistance.....truthfully however, our ED teams will meet all these challenges and work regardless of the conditions. In its simplest form, the answer to this question is—we are scared of anything that inhibits us from meeting our rudimentary goal to save lives.

### **What have we found works well?**

Drill, drill, drill. Then drill again while you are scheduling your next drill. Take as much information as you can from facilities and their disaster response. I have attended multiple lectures from ER/security staff surrounding previous disasters including bombings, hurricanes and fires. All this information is directly translated for my staff at the frontlines. We want to hear the stories and relate to the players. We want to learn from others' mistakes. We seek practical answers to simple problems. This is how we demystify the disaster response. Buying equipment that is similar to what we use daily, and defining processes clearly because no one wants to search the bowels of a binder when the sky is falling.

### **What is coming in the future?**

I think the future brings with it an overall engagement in our workforce that previous years have not known. I have staff lining up to participate, giving lectures, designing processes around disaster management. The most recent bombings in Boston have brought realization that terrorism is still an active participant in the spectrum of disaster, no matter how rare the occurrence. Weather and epidemic disasters have allowed us to practice some disaster protocols in real-time, and quickly reassess our weaknesses. Our nurses are more inclined to discuss their concerns, insist on their needs, and educate themselves on the risks that make them vulnerable. The future will be bright, no matter how cloudy the horizon.

